



**April 07, 2017**

## Public Health Preparedness and Situational Awareness Report: #2017:13 Reporting for the week ending 4/01/17 (MMWR Week #13)

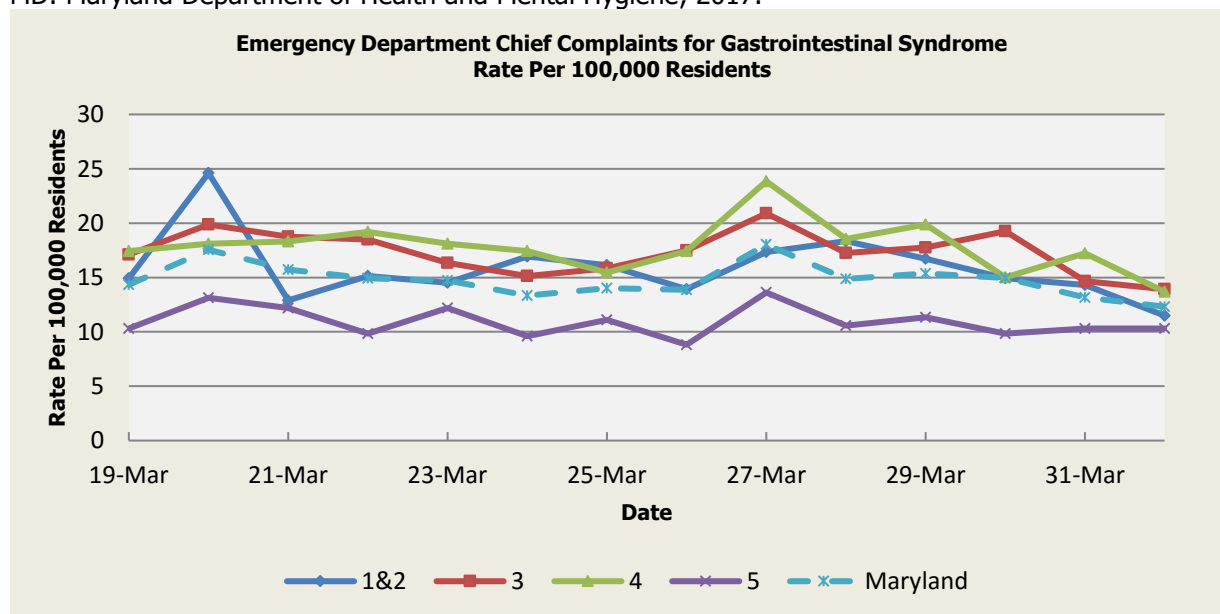
### **CURRENT HOMELAND SECURITY THREAT LEVELS**

**National:** No Active Alerts

**Maryland:** Level Four (MEMA status)

### **SYNDROMIC SURVEILLANCE REPORTS**

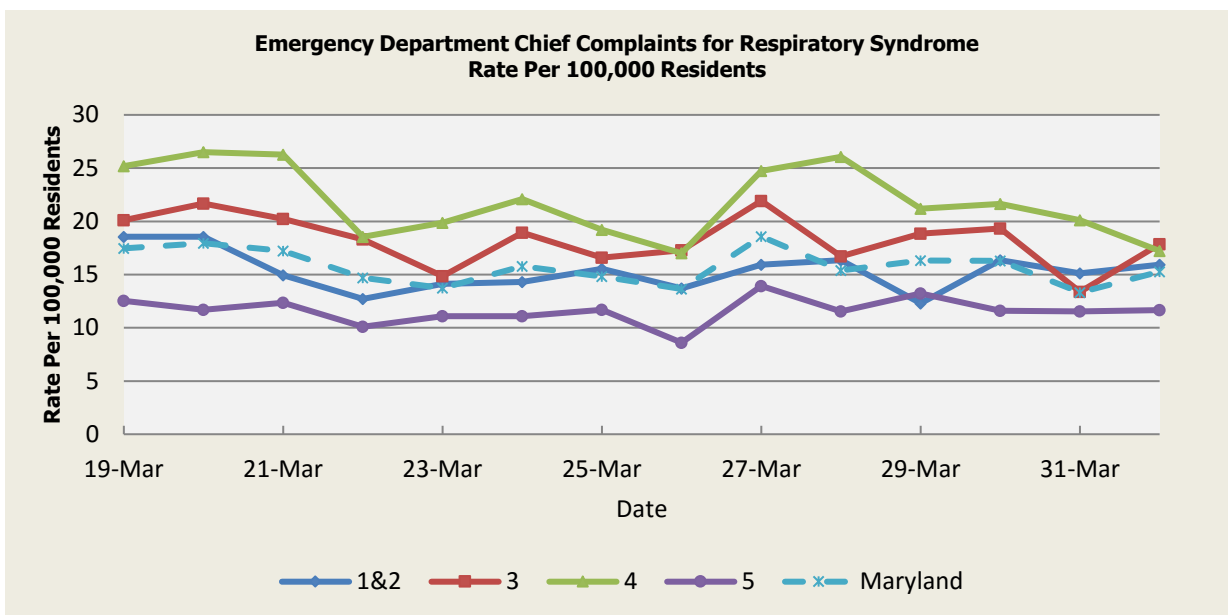
**ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):** Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health and Mental Hygiene; 2017.



There were two (2) Gastroenteritis outbreaks reported this week: two (2) outbreaks of Gastroenteritis in Assisted Living Facilities (Regions 3,5).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.97	15.19	15.51	10.36	13.18
Median Rate*	12.91	14.80	14.80	10.22	12.95

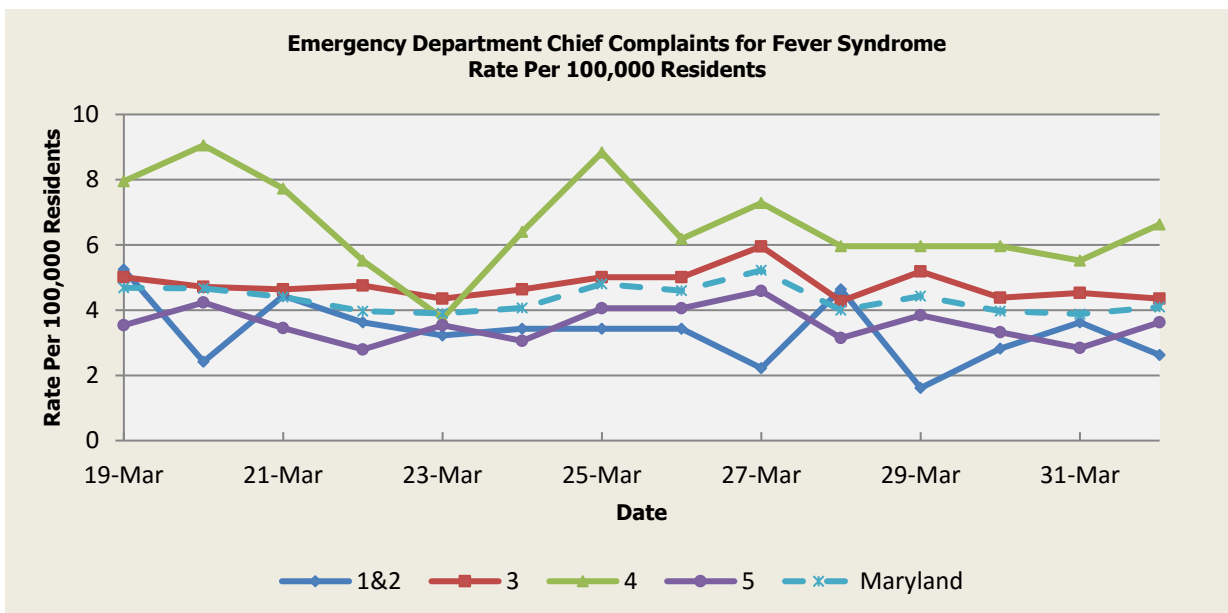
\* Per 100,000 Residents



There were thirteen (13) Respiratory illness outbreaks reported this week: nine (9) outbreaks of Influenza in Nursing Homes (Regions 1&2,3,4,5); one (1) outbreak of Influenza associated with a School (Region 4); one (1) outbreak of ILI in a Nursing Home (Region 5); one (1) outbreak of ILI in an Institution (Region 4); one (1) outbreak of ILI/Pneumonia in an Assisted Living Facility (Regions 1&2).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.10	14.52	14.41	10.02	12.58
Median Rate*	11.70	13.85	13.91	9.65	12.01

\* Per 100,000 Residents

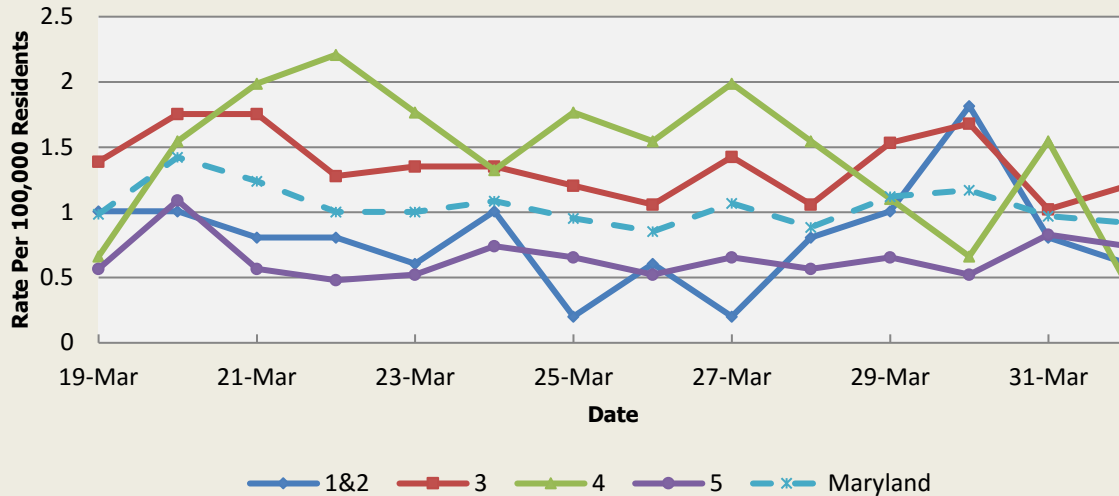


There were no fever outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.04	3.89	4.00	3.10	3.52
Median Rate*	2.82	3.73	3.75	2.97	3.40

Per 100,000 Residents

### Emergency Department Chief Complaints for Localized Lesion Syndrome Rate Per 100,000 Residents



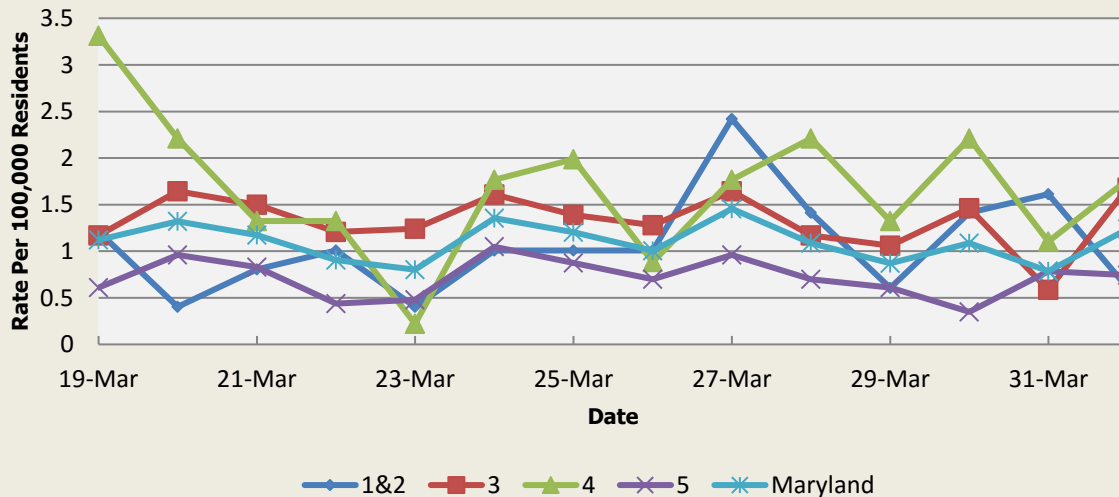
There were no localized lesion outbreaks reported this week.

#### Localized Lesion Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.05	1.90	2.04	0.97	1.48
Median Rate*	1.01	1.83	1.99	0.92	1.42

\* Per 100,000 Residents

### Emergency Department Chief Complaints for Rash Syndrome Rate Per 100,000 Residents



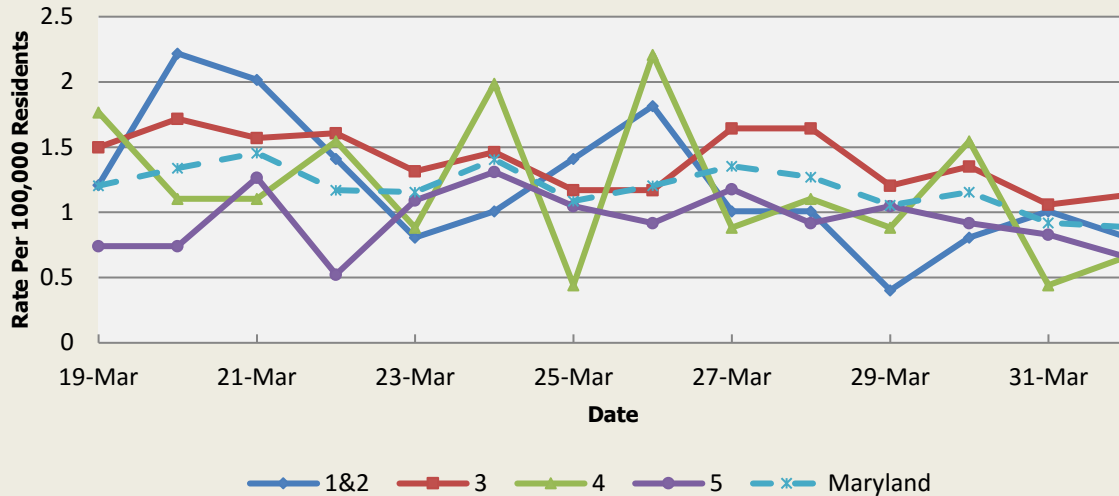
There was one (1) outbreak of Rash illness reported this week: one (1) outbreak of Scabies in a Hospice (Region 5).

#### Rash Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.26	1.76	1.78	1.04	1.44
Median Rate*	1.21	1.68	1.77	1.00	1.39

\* Per 100,000 Residents

### Emergency Department Chief Complaints for Neurological Syndrome Rate Per 100,000 Residents



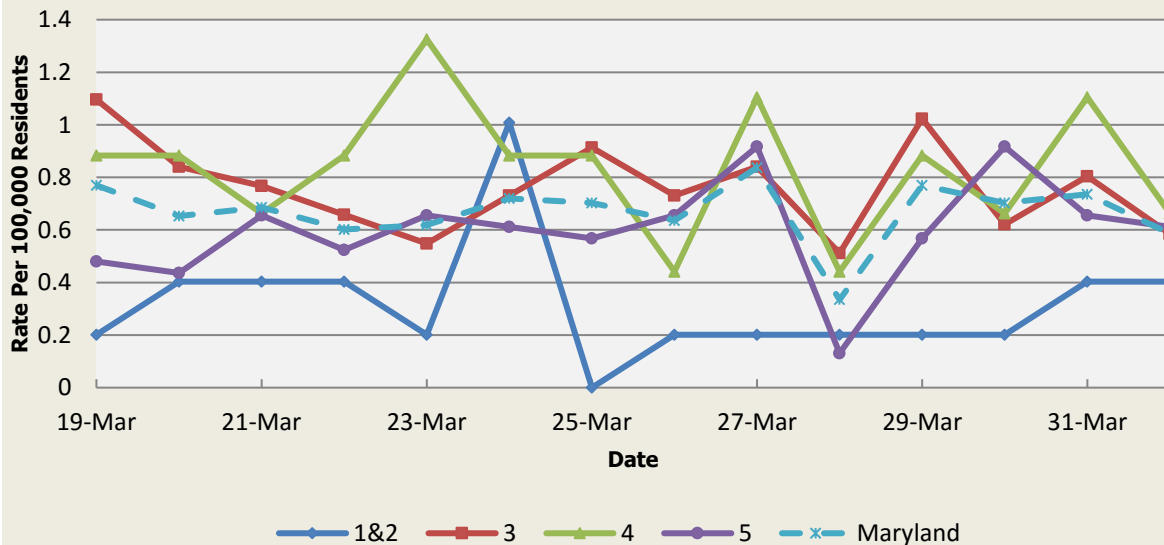
There were no neurological syndrome outbreaks reported this week.

#### Neurological Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.65	0.80	0.69	0.51	0.67
Median Rate*	0.60	0.69	0.66	0.48	0.59

\* Per 100,000 Residents

### Emergency Department Chief Complaints for Severe Illness or Death Syndrome Rate Per 100,000 Residents



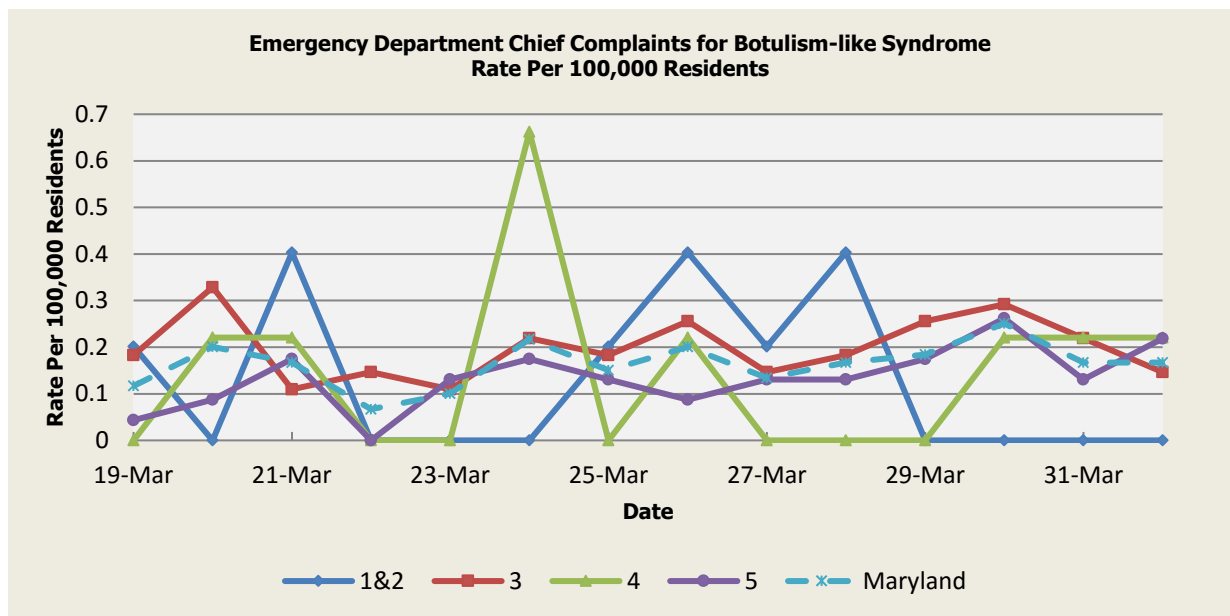
There were no severe illness or death outbreaks reported this week.

#### Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.65	0.93	0.81	0.46	0.72
Median Rate*	0.60	0.91	0.66	0.44	0.70

\* Per 100,000 Residents

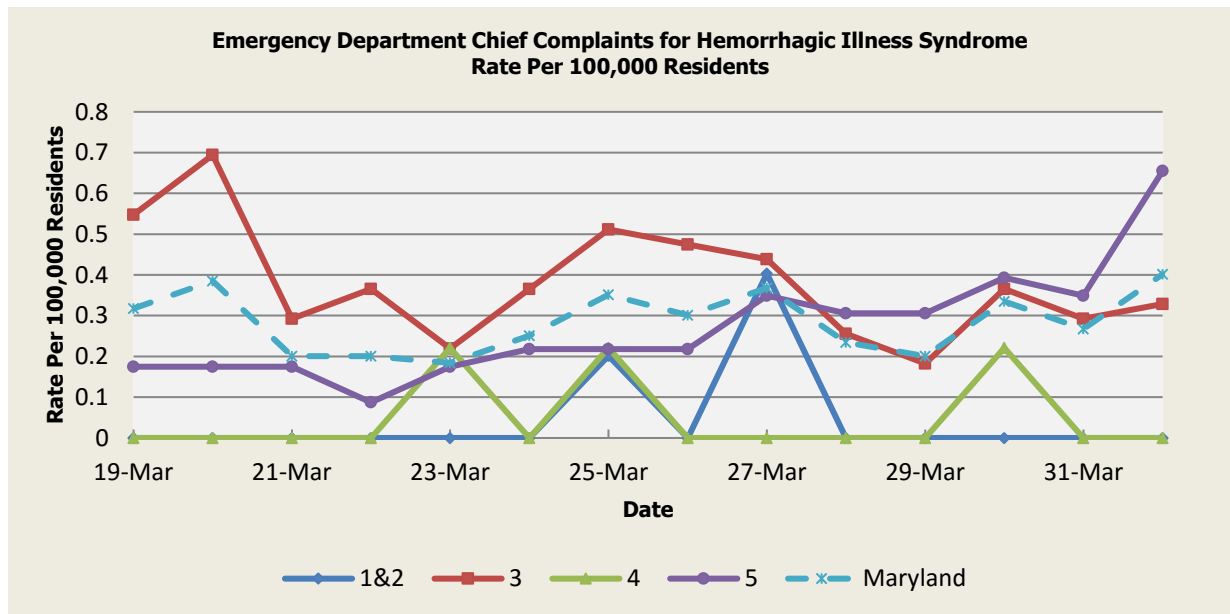
## SYNDROMES RELATED TO CATEGORY A AGENTS



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 03/19 (Regions 1&2), 03/20 (Regions 3,4), 03/21 (Regions 1&2,4,5), 03/23 (Region 5), 03/24 (Regions 3,4,5), 03/25 (Regions 1&2,5), 03/26 (Regions 1&2,3,4), 03/27 (Regions 1&2,5), 03/28 (Regions 1&2,5), 03/29 (Regions 3,5), 03/30 (Regions 3,4,5), 03/31 (Regions 3,4,5), 04/1 (Regions 4,5). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.06	0.10	0.04	0.06	0.07
Median Rate*	0.00	0.07	0.00	0.04	0.05

\* Per 100,000 Residents

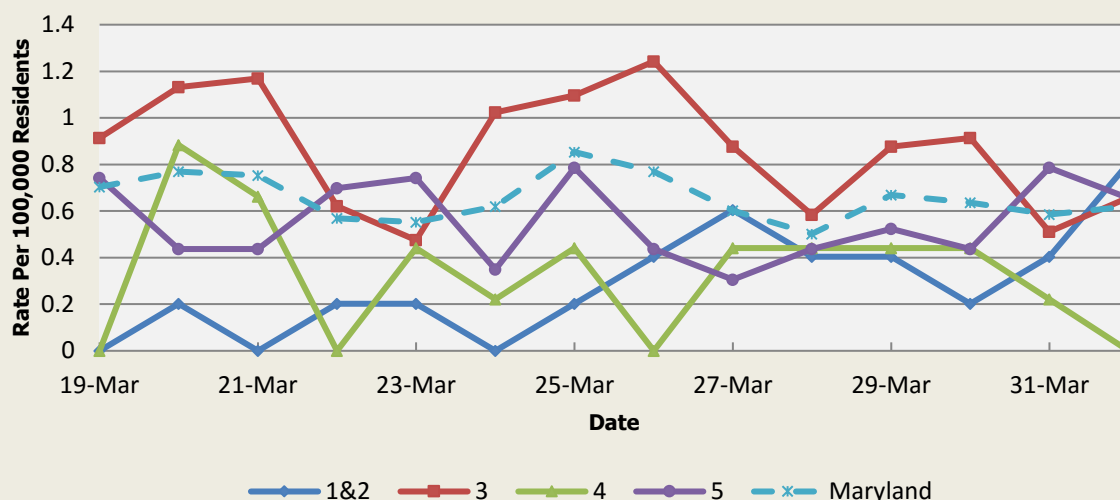


There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 3/19 (Region 3), 3/20 (Region 3), 3/21 (Region 3), 3/22 (Region 3), 3/23 (Region 4), 3/24 (Regions 3,5) and 3/25 (Regions 1&2,3,4,5), 03/26 (Regions 3,5), 03/27 (Regions 1&2,3,5), 03/28 (Region 5), 03/29 (Region 5), 03/30 (Regions 3,4,5), 03/31 (Regions 3,5), 04/01 (Regions 3,5). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.03	0.13	0.03	0.09	0.10
Median Rate*	0.00	0.04	0.00	0.04	0.05

\* Per 100,000 Residents

### Emergency Department Chief Complaints for Lymphadenitis Syndrome Rate Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 3/17 (Region), 3/18 (Region), 3/19 (Region 5), 3/20 (Region 3,4), 3/21 (Region 3), 3/22 (Region), 3/23 (Region 5), 3/24 (Region), 3/25 (Regions 3,5), 03/26 (Region 3), 03/31 (Region 5), 04/01 (Regions 1&2,5). These increases are not known to be associated with any outbreaks.

#### Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.31	0.53	0.35	0.32	0.42
Median Rate*	0.20	0.40	0.22	0.26	0.33

\* Per 100,000 Residents

## MARYLAND REPORTABLE DISEASE SURVEILLANCE

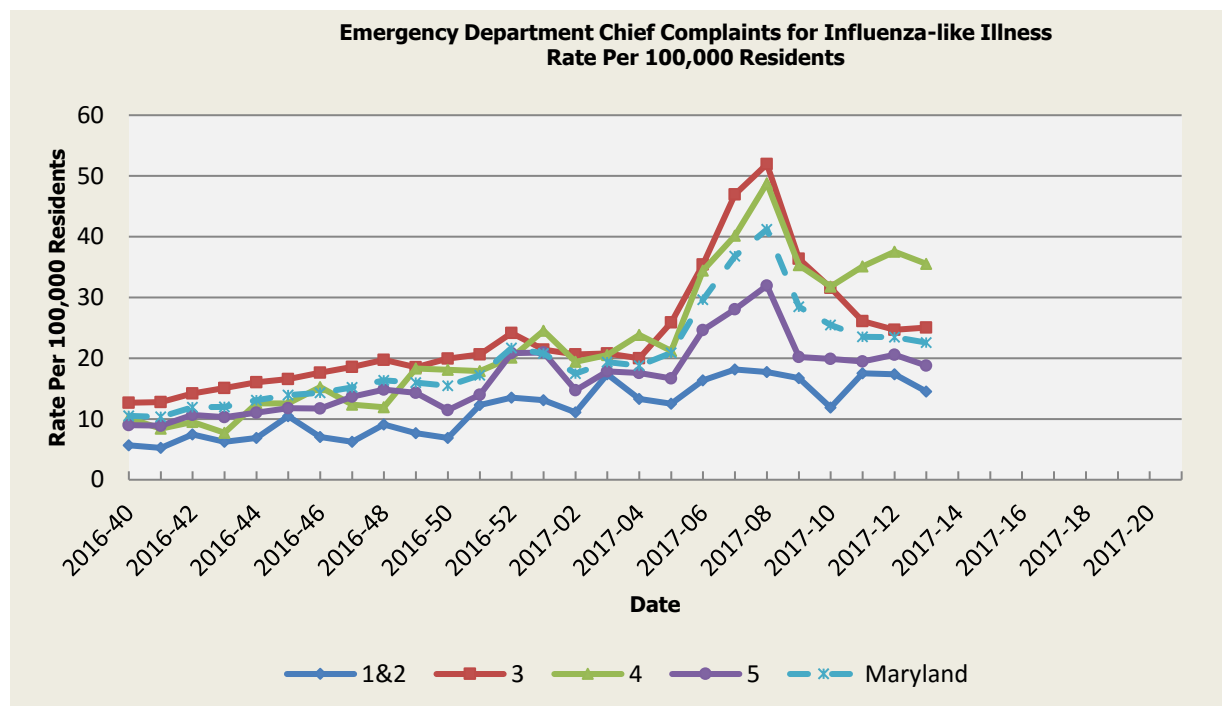
Condition	Counts of Reported Cases†					
	April			Cumulative (Year to Date)**		
Vaccine-Preventable Diseases	2017	Mean*	Median*	2017	Mean*	Median*
Aseptic meningitis	0	1.6	2	32	83	79
Meningococcal disease	0	0	0	0	0	0
Measles	0	0	0	0	0	0
Mumps	0	0	0	1	1.8	2
Rubella	0	0	0	0	0.2	0
Pertussis	0	1	0	15	39.8	36
Foodborne Diseases	2017	Mean*	Median*	2017	Mean*	Median*
Salmonellosis	1	2.6	3	102	147	145
Shigellosis	0	0.8	1	42	48.4	40
Campylobacteriosis	2	2.8	2	130	125	133
Shiga toxin-producing Escherichia coli (STEC)	0	0	0	13	11.4	12
Listeriosis	0	0	0	5	1.8	2
Arboviral Diseases	2017	Mean*	Median*	2017	Mean*	Median*
West Nile Fever	0	0	0	0	0	0
Lyme Disease	0	9.6	10	110	183.4	176
Emerging Infectious Diseases	2017	Mean*	Median*	2017	Mean*	Median*
Chikungunya	0	0	0	0	0.2	0
Dengue Fever	0	0.2	0	0	3	3
Zika Virus	0	0	0	0	2.8	0
Other	2017	Mean*	Median*	2017	Mean*	Median*
Legionellosis	0	0	0	16	19	17

NEDSS data: Maryland National Electronic Disease Surveillance System (NEDSS). Baltimore, MD: Maryland Department of Health and Mental Hygiene; 2017. † Counts are subject to change \*Timeframe of 2011-2015\*\*Includes January through current month.

\*\*\* As of February 24, 2017, the total Maryland Confirmed and Probable Cases of Zika Virus Disease and Infection is 164.

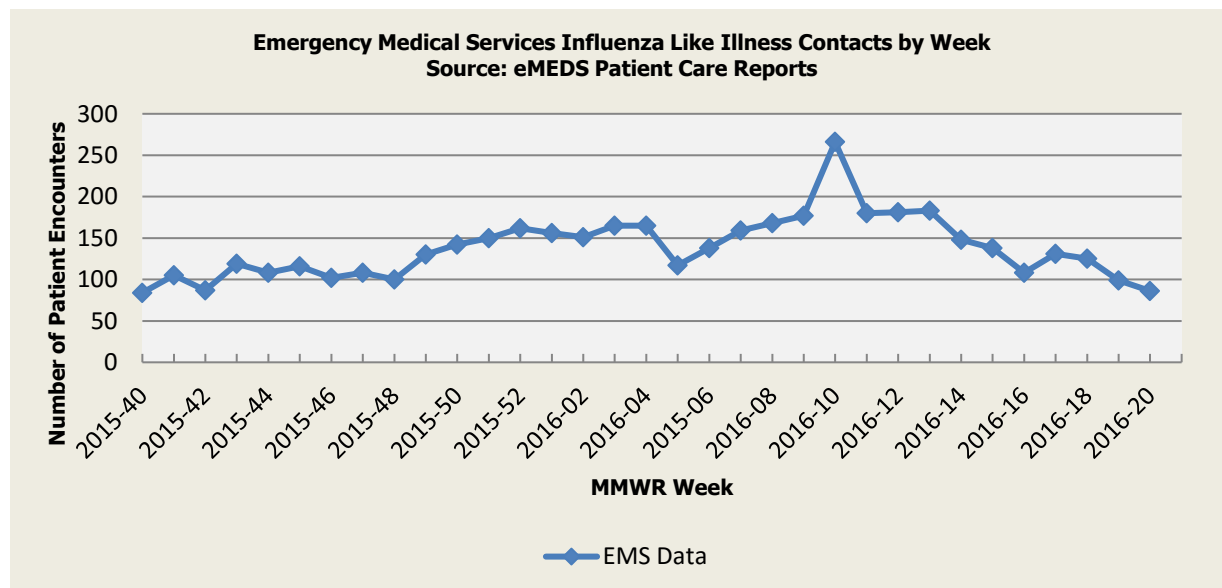
## SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 41 through MMWR Week 20 (October through May). Seasonal Influenza activity for Week 13 was: Widespread Geographic Spread with Moderate Intensity.



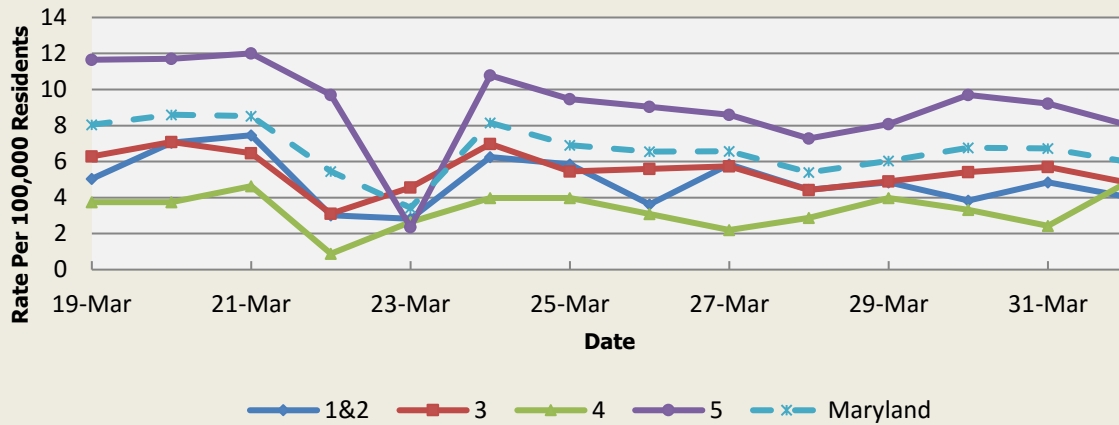
Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	437.38	582.85	534.32	506.65	537.90
Median Rate*	7.66	9.57	9.05	8.45	8.99

\* Per 100,000 Residents



**Disclaimer on eMEDS flu related data:** These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

### Over-the-Counter Medication Sales Related to Influenza Rate Per 100,000 Residents

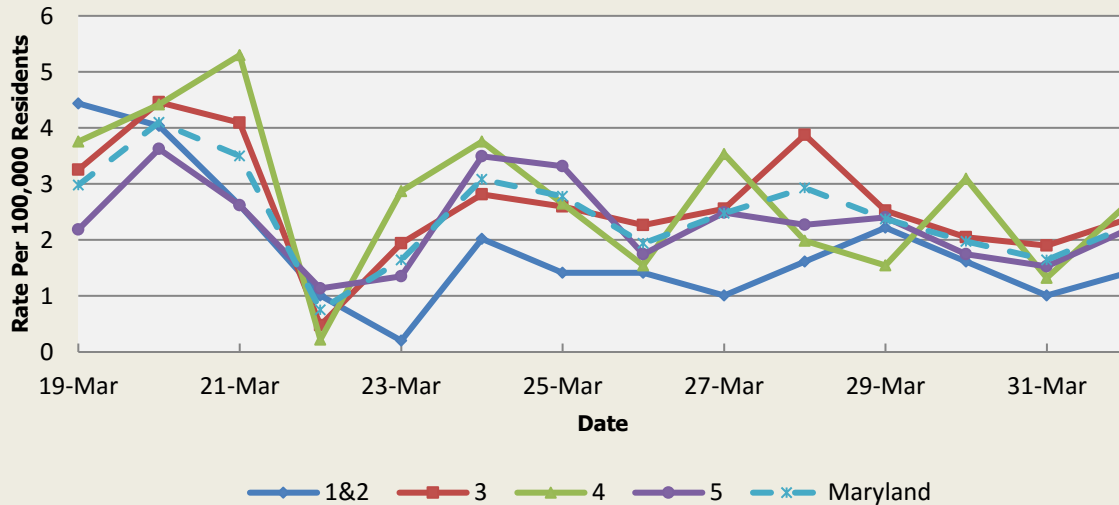


There was not an appreciable increase above baseline in the rate of OTC medication sales during this reporting period.

OTC Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.80	4.94	2.75	8.51	6.05
Median Rate*	3.23	4.40	2.43	8.08	5.55

\* Per 100,000 Residents

### Over-the-Counter Thermometer Sales Rate Per 100,000 Residents



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

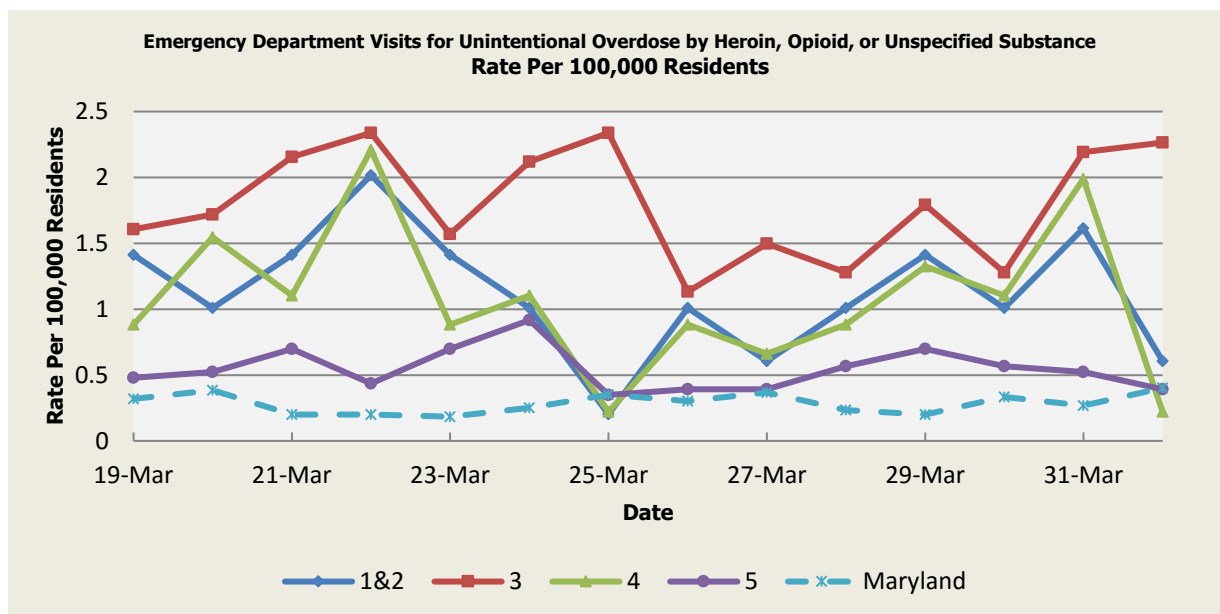
Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.40	3.25	2.52	4.36	3.63
Median Rate*	3.02	3.03	2.43	4.06	3.36

\* Per 100,000 Residents



## SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that the majority of fatal overdoses are Opioid-related.



**Disclaimer on ESSENCE Overdose related data:** ESSENCE chief complaint and discharge diagnosis query for overdose-related illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.

Non-fatal Overdose ED Visit Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.32	0.41	0.36	0.15	0.30
Median Rate*	1.01	1.32	1.10	0.48	0.97

\* Per 100,000 Residents

## PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

**WHO update:** The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

**Alert phase:** This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the inter pandemic phase may occur. As of March 30, 2017, the WHO-confirmed global total (2003-2016) of human cases of H5N1 avian influenza virus infection stands at 856, of which 452 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

## AVIAN INFLUENZA:

**LPAI H7N9 AVIAN INFLUENZA (KENTUCKY):** 31 March 2017, Avian influenza has been detected in a 2nd Christian County poultry facility, the Kentucky Department for Public Health (DPH) is reporting today. Human transmission has not been detected, but all 2700 chickens at the facility have been depopulated as a standard public health safety measure.

Tests were conducted by the US Department of Agriculture (USDA), which identified the presence of avian flu - H7N9 low pathogenic avian influenza - at the western Kentucky facility, according to DPH. There were no signs of disease in the birds at the time of testing. These findings mirror the positive test results announced at another Christian County facility earlier in March where H7N9 was also detected and the facility's birds were depopulated. Human transmission was not detected in either case nor has the virus been found to be spreading to the human population in Alabama and Tennessee, where the virus has been detected in poultry. Read More: <https://www.promedmail.org/post/4945626>

## HUMAN AVIAN INFLUENZA:

**H7N9 AVIAN INFLUENZA (CHINA):** 06 April 2017, Between 24 and 31 Mar 2017, the National Health and Family Planning Commission of China (NHFPC) notified WHO of 35 additional laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus in mainland China. Onset dates ranged from 6 to 24 Mar 2017. Of these 35 cases, 10 were female. The age range among the cases is 37 to 86 years old. At the time of notification, there were 5 deaths, and 30 cases were diagnosed as either pneumonia (6) or severe pneumonia (24). 32 cases were reported to have had exposure to poultry or live poultry market. One case is still under investigation. No clusters were reported. Read More: <https://www.promedmail.org/post/4945768>

[There were no reports of human cases of avian influenza in the United States at the time that this report as compiled.]

## OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.dhmm.maryland.gov/> or follow us on Facebook at [www.facebook.com/MarylandOPR](http://www.facebook.com/MarylandOPR).

More data and information on influenza can be found on the DHMH website:  
<http://phpa.dhmm.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS): <http://flusurvey.dhmm.maryland.gov>

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**NOTE:** This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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## Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

## Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

